

AMUSEMENT RIDE COMPLIANCE REVIEW

K-ISH 516 (Rev. 6-17)

☒ Temporary Ride ☐ Permanent Ride ☐ Non-profit/Municipality

Inspection date: 9-8-2017 Name of KDOL auditor: Kyle Lang

Ride owner: Kim Sankowsky Ride location: Kansas State Fair

Number of rides: 32

Contact person: Kim Sankowsky Phone: 820-598-9818 Email: carpetmovers@comcast.net

YES

NO

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Valid permit and inspection decal affixed to each ride; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. The current certification of an inspector's qualifications to inspect amusement rides; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. The current certificate of inspection for each ride signed by a qualified instructor; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Daily maintenance and inspection records for each ride; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. The amusement ride manufacturer's operational manual for each ride; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. The amusement ride manufacturer's nondestructive testing recommendations for each ride and results; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. The amusement ride manufacturer's inspection guidelines for each ride; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. Operator training records for each operator trained on each ride; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Report of itinerary for the current year; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Written certification that the ride meets the applicable ASTM international F24 committee standards; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Signage must be posted at the point of admission or ticket sale and at least two other locations in close proximity to the amusement ride explaining a patron's duty to report injuries; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. Proof of insurance policy in effect at the time of operation of the amusement ride with certain coverage in place required by K.S.A. 40-4802 and; |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. All safety instructions for the ride must be posted in plain view on or near the ride in a location where they can be easily read. |

Supplemental Compliance Review form (K-ISH 516-A) will detail any violation/violations marked **NO**, for each ride.

Note: All amusement ride records shall be grouped according to ride and shall be maintained by the owner for three years and kept at the location of the ride's operation.

This form reflects the observations at the time of review in accordance with the Kansas Amusement Ride Act. This is a compliance review, and does not certify the safety or integrity of the amusement ride itself, nor provide affirmation that the owner or operator is in full compliance with Kansas statutes and regulations.

Auditor signature: Kyle Lang Date: 9-8-2017

On-site contact signature: Kim Sankowsky Date: 9-8-17

INDUSTRIAL SAFETY AND HEALTH

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